

A Pershing Community Learning Center Program  
Lincoln Parks & Recreation, YMCA & Northeast Family  
Center Presents:

# Before/After School Enrichment

**Pershing Elementary School, 6402 Judson St.**

For Students in kindergarten through 5th grade

BSE 6:45 a.m. – 8:10 a.m.

ASE 2:53 p.m. – 6:00 p.m.

**Homework Time, Snacks, Arts & Crafts, Sports,  
Games, Math, Reading, Movies, Field Trips,  
Social Skills and a Great Time Every Day**

- Before School Enrichment \$60.00 per session
- After School Enrichment \$100.00 Per Session
- Register For Both Programs at a Discounted Rate of \$140.00 Per session
- Sliding Fee: (Consideration based on income and size of household) Sliding fee forms are available from the CLC office in the school. Program is approved for TITLE XX
- Payment for first session must accompany completed registration form. You may register for any and all sessions now. Indicate which sessions you want your child to attend. Payment for later sessions is required BEFORE the first day of the session

**Session Dates**

#1 August 29 – September 23  
#2 September 26 – October 21  
#3 October 24 – November 23  
#4 November 28 – December 23  
#5 January 4 – February 3  
#6 February 6 – March 3  
#7 March 6 – April 7  
#8 April 10 – May 5  
#9 May 8 – June 1

**Payment Due**

At registration  
Friday, September 23  
Friday, October 21  
Friday, November 18  
Friday, December 23  
Friday, February 3  
Friday, March 3  
Friday, April 7  
Friday, May 5

**Register Early! We reserve the Right to limit the number of registrations**

**For More Information Call 441-7952  
Register By Mail or bring it in to:**

Playground Office  
F Street Community Center  
1225 F ST  
Lincoln, NE 68508

**Make Checks payable to: Lincoln Parks & Recreation**

## 2005 – 2006 BSE / ASE Registration

<b>Participant's Name</b>	<b>Grade Completed</b>	<b>Birthdate</b>						
<b>Address</b>	<b>Zip</b>							
<b>Name of Parents / Guardian</b>								
<b>Day Phone (name of person at Day Phone)</b>		<b>Evening Phone</b>						
<b>Another Person to contact in case of emergency</b>		<b>Phone</b>						
<p>For and in consideration, the undersigned parent(s) or guardian(s) of the participant in the Pershing CLC Program, I / We agree to assume the full risk of any injuries, including death, or loss which the undersigned or minor child / ward may sustain as a result of participating in any and all activities connected with or associated with such program.</p> <p>I / We do hereby declare that I / we waive all claims of whatsoever kind or nature against the City of Lincoln and the Parks and Recreation Department, it's officials, officers, agents, employees and volunteers from any and all claims arising from injuries, including death, damage or loss which I / we or my minor child or ward may incur or may accrue to me or my minor child or ward on account of participation in the activities of this program.</p> <p>I / We further agree to indemnify and hold harmless and defend the City of Lincoln and the Parks and Recreation Department, it's officials, officers, agents, employees and volunteers from any and all claims arising from injuries, including death, damages and losses sustained by the undersigned or my minor child or ward or arising out of this program</p> <p>I / We have read and understand the above Waiver and Release of All Claims and understand the effect of the relinquishment of the rights hereby waived.</p>								
<b>Signature of Parent / Guardian</b>	<b>Relationship</b>	<b>Date</b>						
	<table border="0" style="width: 100%;"> <tr> <td style="width: 33%;">BSE</td> <td style="width: 33%;">ASE</td> <td style="width: 33%;">Both</td> </tr> </table>	BSE	ASE	Both	<table border="0" style="width: 100%;"> <tr> <td style="width: 33%;">BSE</td> <td style="width: 33%;">ASE</td> <td style="width: 33%;">Both</td> </tr> </table>	BSE	ASE	Both
BSE	ASE	Both						
BSE	ASE	Both						
Session 1	<input type="checkbox"/>	<input type="checkbox"/>	Session 6	<input type="checkbox"/>	<input type="checkbox"/>			
Session 2	<input type="checkbox"/>	<input type="checkbox"/>	Session 7	<input type="checkbox"/>	<input type="checkbox"/>			
Session 3	<input type="checkbox"/>	<input type="checkbox"/>	Session 8	<input type="checkbox"/>	<input type="checkbox"/>			
Session 4	<input type="checkbox"/>	<input type="checkbox"/>	Session 9	<input type="checkbox"/>	<input type="checkbox"/>			
Session 5	<input type="checkbox"/>	<input type="checkbox"/>						
<b>Amount enclosed \$ _____ Check # _____ Receipt # _____</b>								
<p>Medical Permission: In the event of an emergency, I authorize Parks and Recreation officials to secure from any licensed hospital, physician, and/or medical personnel any treatment deemed necessary for my minor child's immediate care and agree that I will be responsible for payment of any and all medical services rendered.</p>								
<b>Signature of Parent / Guardian</b>	<b>Relationship</b>		<b>Date</b>					

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**Pershing**  
**Community Learning Center**  
**Student Enrollment Form**



**STUDENT INFORMATION:** (complete a separate form for **each** student)

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

\_\_\_ Male \_\_\_ Female Age: \_\_\_\_\_ Grade: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Student ID: \_\_\_\_\_

**Ethnicity:**

- ☐ Hispanic or Latino
- ☐ Black/African American
- ☐ Native Hawaiian/Other Pacific Islander
- ☐ American Indian or Alaska Native
- ☐ White
- ☐ Asian
- ☐ Other

- ☐ My child qualifies for Free or Reduced Lunch
- ☐ My child is an English Language Learner  
Native Language \_\_\_\_\_
- ☐ My child receives Special Education services during school hours
- ☐ My child is new to this school

**FAMILY INFORMATION:**

Parent/Guardian First Name: \_\_\_\_\_<sup>Mother / Father</sup> Last Name: \_\_\_\_\_

Address: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Work Phone (Mom): \_\_\_\_\_ Workplace (Mom): \_\_\_\_\_

Work Phone (Dad): \_\_\_\_\_ Workplace (Dad): \_\_\_\_\_

E-Mail Address: \_\_\_\_\_

Your participation is valued! We are committed to providing a safe and stimulating environment for your child. Our programs depend upon the talents and resources from many in our community. Please indicate which of the following contributions you may be able to make:

- ☐ Assist with program activities
- ☐ Share hobbies, interests or talents
- ☐ Assist with food/snacks
- ☐ Assist with recruitment of volunteers: \_\_\_\_\_
- ☐ My employer/church/club affiliation may be able to help
- ☐ Financial contribution
- ☐ School Neighborhood Advisory Committee (SNAC)
- ☐ Other: \_\_\_\_\_

**MEDICAL & EMERGENCY INFORMATION: (IMPORTANT/REQUIRED):** EMERGENCY CONTACTS: Please list two emergency contacts, other than parent/guardian, to contact in case of an emergency.

Name: \_\_\_\_\_ Name: \_\_\_\_\_

Relationship to child: \_\_\_\_\_ Relationship to child: \_\_\_\_\_

Home phone: \_\_\_\_\_ Home phone: \_\_\_\_\_

Work phone: \_\_\_\_\_ Work phone: \_\_\_\_\_

Cell phone: \_\_\_\_\_ Cell phone: \_\_\_\_\_

Please list any medical conditions affecting your child, including allergies to food/medications, any illness, any conditions that may affect your child's health while in the program, include any medications your child is taking:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

☐ Special Accommodations: \_\_\_\_\_

(over)

According to Nebraska State Licensing Standards, prescription and over the counter medications can be given when brought in the original container and clearly labeled with the child's name, name of medication and the directions for administering the dosage.

I, \_\_\_\_\_, have determined the Community Learning Center staff is competent to give or apply medications to my child, \_\_\_\_\_. I understand that the Community Learning Center Site Supervisor has the responsibility to assess the ability of staff to give or apply medication safely and may give or apply medications to my child.

At the end of the day my child will: ☐ walk home ☐ be picked-up ☐ walk to childcare

Persons, other than parent/guardian, that are authorized to walk or drive your child home:

Name: \_\_\_\_\_  
Relationship to you: \_\_\_\_\_  
Phone: \_\_\_\_\_

Name: \_\_\_\_\_  
Relationship to you: \_\_\_\_\_  
Phone: \_\_\_\_\_

**BY SIGNING THIS I AGREE TO THE FOLLOWING:**

YES NO

☐ ☐ I give my permission for my child to be enrolled in the Community Learning Center after school activities.

YES NO

☐ ☐ I give permission for the Community Learning Center staff to use any photographs, writings, artwork, etc. for the promotional materials, presentations and documentary purposes.

YES NO

☐ ☐ I give Community Learning Center staff permission to transport my child for purpose of medical care and other program activities.

YES NO

☐ ☐ I give my permission for CLC staff to share and receive necessary information from all CLC partners to assist with providing the best program experience for my child.

I understand that the Community Learning Center does not carry health and accident insurance for my child, and that I as guardian will be primarily responsible in case of injury where bills are incurred.

I understand that my child may be dismissed for failure to follow rules, failure to participate and failure to follow general operating procedures of the Community Learning Center. As the parent/guardian, I will work as a partner with Community Learning Center staff to ensure my child is successful in the program.

\_\_\_\_\_  
Signature of Parent/Guardian

\_\_\_\_\_  
Date

**For Internal Office Use Only:**

